

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 1599-0325PUS1																																											
Application No. 10/579,042 - Conf. #6361		Filing Date January 30, 2007		Examiner S. BASQUILL																																											
Art Unit 1612																																															
Applicant(s): Koo LEE et al.																																															
Invention: MELANOCORTIN RECEPTOR AGONISTS																																															
<p><b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-145</b></p> <p>Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><b>Total Claims</b></td> <td style="text-align: center;">7</td> <td style="text-align: center;">- 24 =</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>Independent Claims</b></td> <td style="text-align: center;">1</td> <td style="text-align: center;">- 3 =</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5"><b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5"><b>Other fee (please specify):</b></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> Large Entity <div style="margin-left: 300px;"><input type="checkbox"/> Small Entity</div> <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____.  A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </div> </div> <div style="margin-top: 20px; text-align: right;"> Dated: <u>AUG. 23 2010</u> </div> <div style="margin-top: 10px;">  Craig A. McRobbie  Attorney Reg. No.: 42874   BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP  8110 Gatehouse Road, Suite 100 East  P.O. Box 747  Falls Church, VA 22040-0747  United States  703-205-8000 </div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		<b>Total Claims</b>	7	- 24 =		x	0.00	<b>Independent Claims</b>	1	- 3 =		x	0.00	<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					0.00	<b>Other fee (please specify):</b>					0.00	<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
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